LINCOLN LUTHERAN CARE CENTER

1600 OHIO STREET

RACINE 53405 Phone: (262) 637-7491 Ownership: Nonprofit Church/Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 104 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 305 Yes Number of Residents on 12/31/02: Average Daily Census: 156

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	ଚ୍ଚ						
Home Health Care No		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	16.3		
Supp. Home Care-Personal Care	No					1 - 4 Years	59.6		
Supp. Home Care-Household Services	No	Developmental Disabilities	4.8	Under 65	9.6	More Than 4 Years	24.0		
Day Services	No	Mental Illness (Org./Psy)	29.8	65 - 74	12.5				
Respite Care	No	Mental Illness (Other)	1.9	75 - 84	38.5		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	34.6	********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.9	95 & Over	4.8	Full-Time Equivalent			
Congregate Meals No		Cancer				Nursing Staff per 100 Res	ff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	21.2	65 & Over	90.4				
Transportation	No	Cerebrovascular	23.1			RNs	7.1		
Referral Service	No	Diabetes	3.8	Sex	9	LPNs	5.2		
Other Services	No	Respiratory	0.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	12.5	Male	26.0	Aides, & Orderlies	44.1		
Mentally Ill	No			Female	74.0				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0	I			

## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19) C			Other	Private her Pay			:	Family Care			Managed Care					
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of	
Int. Skilled Care	0	0.0	0	5	5.0	182	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	4.8	
Skilled Care	1	100.0	234	86	85.1	163	0	0.0	0	2	100.0	164	0	0.0	0	0	0.0	0	89	85.6	
Intermediate				6	5.9	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	5.8	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				4	4.0	163	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.8	
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	1	100.0		101	100.0		0	0.0		2	100.0		0	0.0		0	0.0		104	100.0	

LINCOLN LUTHERAN CARE CENTER

*******	*****	*****	*****	****	*****	*****	******
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12,	/31/02
Deaths During Reporting Period							
				!	% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.2	Bathing	9.6		51.0	39.4	104
Other Nursing Homes	2.2	Dressing	9.6		50.0	40.4	104
Acute Care Hospitals	88.0	Transferring	23.1		38.5	38.5	104
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.1		30.8	46.2	104
Rehabilitation Hospitals	0.0	Eating	33.7		40.4	26.0	104
Other Locations	2.2	*****	*****	****	*****	******	******
Total Number of Admissions	92	Continence		%	Special Treatme	ents	%
Percent Discharges To:		Indwelling Or Externa		6.7	Receiving Re	spiratory Care	5.8
Private Home/No Home Health	15.6	Occ/Freq. Incontinent	t of Bladder	76.9	Receiving Tra	acheostomy Care	1.0
Private Home/With Home Health	6.8	Occ/Freq. Incontinent	t of Bowel	72.1	Receiving Su	ctioning	1.9
Other Nursing Homes	32.3					tomy Care	2.9
Acute Care Hospitals	10.9	Mobility			Receiving Tul	oe Feeding	5.8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	4.8	Receiving Me	chanically Altered Diets	30.8
Rehabilitation Hospitals	0.0						
Other Locations	3.6	Skin Care			Other Resident	Characteristics	
Deaths	30.7	With Pressure Sores		4.8	Have Advance	Directives	81.7
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	192				Receiving Ps	ychoactive Drugs	50.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This	Non	ership: profit	2	Size: 00+	Ski	ensure: lled	All	
	Facility	Peer Group		Peer Group		Peer Group		Facilities	
	8	olo	Ratio	%	Ratio	%	Ratio	엉	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	51.1	87.5	0.58	81.7	0.63	85.3	0.60	85.1	0.60
Current Residents from In-County	93.3	79.3	1.18	81.4	1.15	81.5	1.15	76.6	1.22
Admissions from In-County, Still Residing	17.4	21.8	0.80	22.1	0.79	20.4	0.85	20.3	0.86
Admissions/Average Daily Census	59.0	124.6	0.47	97.4	0.61	146.1	0.40	133.4	0.44
Discharges/Average Daily Census	123.1	129.0	0.95	105.8	1.16	147.5	0.83	135.3	0.91
Discharges To Private Residence/Average Daily Census	27.6	50.5	0.55	41.5	0.66	63.3	0.44	56.6	0.49
Residents Receiving Skilled Care	90.4	94.7	0.95	88.0	1.03	92.4	0.98	86.3	1.05
Residents Aged 65 and Older	90.4	96.2	0.94	86.1	1.05	92.0	0.98	87.7	1.03
Title 19 (Medicaid) Funded Residents	97.1	56.7	1.71	72.7	1.34	63.6	1.53	67.5	1.44
Private Pay Funded Residents	1.9	32.8	0.06	16.9	0.11	24.0	0.08	21.0	0.09
Developmentally Disabled Residents	4.8	0.5	9.01	2.5	1.95	1.2	4.07	7.1	0.68
Mentally Ill Residents	31.7	35.5	0.89	39.4	0.81	36.2	0.88	33.3	0.95
General Medical Service Residents	12.5	23.8	0.53	26.5	0.47	22.5	0.56	20.5	0.61
Impaired ADL (Mean)	59.2	50.4	1.17	52.3	1.13	49.3	1.20	49.3	1.20
Psychological Problems	50.0	54.7	0.91	59.5	0.84	54.7	0.91	54.0	0.93
Nursing Care Required (Mean)	6.6	6.9	0.96	7.0	0.95	6.7	0.98	7.2	0.92